

UNIVERSITY OF SWAZILAND



FINAL EXAMINATION - DECEMBER 2015

BACHELOR OF SOCIAL WORK I

TITLE OF PAPER : GRIEF, LOSS AND BEREAVEMENT
COURSE NUMBER : SWK 229
TIME ALLOWED : THREE (3) HOURS

INSTRUCTIONS

- 1. This paper consists of 2 sections**
- 2. Answer ALL questions in section A**
- 3. Answer ANY 2 questions in section B**
- 4. Write ALL answers in your answer book**
- 5. This paper has 7 pages**

This paper should not be opened until permission has been given by the invigilator.

SECTION A

QUESTION ONE IS COMPULSORY. USE YOUR ANSWER BOOK TO WRITE YOUR ANSWERS

CHOOSE THE CORRECT ANSWER

1. Bereavement is defined as
 - a) Objective event of loss
 - b) Reaction to loss
 - c) Loss of a loved one
 - d) Customary display of grief
2. In addition to insomnia and changes in appetite, physical disturbance that occurs with grief typically includes
 - a) Anxiety
 - b) Tightness of the throat
 - c) Sense of disorganization
 - d) Confusion and forgetfulness
3. In contrast to the reaction to loss, what is the PROCESS by which a bereaved person integrates a loss into his or her ongoing life?
 - a) Grief
 - b) Mourning
 - c) Bereavement
 - d) Closure
4. Attachments and the processes by which we relinquish them were central concerns in the work of
 - a) Rando
 - b) Worden
 - c) Bowlbly
 - d) Klass
5. Sharing the story of loss provides emotional relief, promotes the search for meaning, and
 - a) Diminishes guilt
 - b) Brings people together in support of one another
 - c) Maintains a legacy
 - d) Allows for ongoing mourning after the funeral
6. In the dual process model, loss oriented coping includes
 - a) Looking at old photographs
 - b) Selling the house or moving to another area
 - c) Handling finances previously done by the deceased
 - d) Developing a new identity
7. The concept of adjusting to a changed environment is associated with
 - a) Worden's tasks of mourning
 - b) DABDA
 - c) Engel's investigation of stressful situations
 - d) Narrative approaches to coping with loss
8. Which of the following typically occurs during the initial period of grief?
 - a) Pinning for the deceased

- b) Sadness gradually recedes into the background
 - c) Sense of confusion and disorganization
 - d) Intense re-experiencing of the history of the relationship with the deceased
9. Complicated mourning is best described as
- a) Sorrow, sadness, relief and anger
 - b) Recurrence of grief
 - c) Failure to realize the implications of a loss
 - d) Persistent problems with sleeplessness or loss of appetite
10. Which term best describes the phenomena of death as a consequence of stress of bereavement
- a) Broken heart
 - b) Sudden death
 - c) Cause-and-effect
 - d) Unfinished business
11. Of the following modes of death, which is most likely to be characterized as a low-grief death?
- a) Homicide of a teenager
 - b) Auto accident of a sport figure
 - c) Terminal illness of an elderly man
 - d) Suicide of a friend
12. In the instrumental pattern of grieving, how is grief experienced and expressed?
- a) In an affective way
 - b) In art, literature and song
 - c) In restlessness or mental activity
 - d) In oscillations between loss oriented and restoration oriented coping styles
13. What is the phenomenon associated with anticipatory mourning whereby the strain of caring for the dying person causes the caregiver to be inattentive to his or her own health?
- a) Linear thinking
 - b) Bereavement burnout
 - c) Disenfranchised grief
 - d) Secondary morbidity
14. In the wake of multiple losses, survivors may feel they have "run out of tears", resulting in bereavement
- a) Exhaustion
 - b) Burnout
 - c) Overload
 - d) Drain
15. Disenfranchised grief can be described as
- a) A framework for dealing with loss
 - b) Consequences of lacking social support and acknowledgement of loss
 - c) Response to prior knowledge of an impending death

- d) Situation that produces an intense emotional and physical reaction
16. Unfinished business is best described as
- a) Addressing issues about the topic of death
 - b) Taking a lifelong dream vacation before death
 - c) Resolving conflicts between medical staff and patient
 - d) Issues or 'business' that goes on after a death
17. Funerals facilitate mourning by
- a) Specifying the accepted rituals and proper way to grieve
 - b) Allowing survivors to bond with the deceased one final time
 - c) Controlling the expression of emotion
 - d) Providing a social framework for coping with the fact of death
18. Which of the following statements best describes how bereavement is an opportunity for growth?
- a) Energy that was bound to the past is freed up
 - b) Stories and concerns can be shared
 - c) The survivor expected the death
 - d) The survivor has a positive model of the world
19. What does the medical diagnosis of death rely on
- a) Doctors subjective judgments
 - b) Breathing stops for over 20 minutes
 - c) Brain death
 - d) The heart stopping for over half hour
20. How did society deal with the prospect of death in the middle ages?
- a) Preparation was only spoken about with the family
 - b) Societies didn't discuss death, it was denied at all times
 - c) Individuals were encouraged to prepare for death rather than deny it
 - d) All the above
21. What term is applied to the loss of a loved one through death?
- a) Bereavement
 - b) Grief
 - c) Extinction
 - d) Mourning
22. What term is assigned to the emotional response associated with loss?
- a) Depression
 - b) Mourning
 - c) Grief
 - d) Separation anxiety
23. Through which process is the observable expression of grief and learning to cope with the loss accomplished?
- a) Seeking behaviours
 - b) Mourning
 - c) Rationalization
 - d) Emotional responses

24. Which of the following points does not reflect how infants respond to death of a loved one?
- a) Experience sleeping problems
 - b) Experience weight changes
 - c) Ask specific questions
 - d) Become unresponsive
25. Which of the following points does not reflect how a 3-6 year old would respond to a death of a loved one?
- a) Feel guilty about to be alive
 - b) Experience trouble sleeping and eating
 - c) Display magical thinking
 - d) Believe thoughts can cause death
26. How do 6-9 year olds understand death?
- a) Understand that they too will die
 - b) Understand that everybody will die
 - c) They see it as a person or spirit
 - d) Understand death cannot be reversed
27. What does QOL refer to?
- a) Assessment of children's rationalization of death
 - b) An indication not to resuscitate a patient
 - c) Quality of life
 - d) A measure of the acceptance of death
28. What is the first stage of the Kubler-Ross model of loss?
- a) Bargaining
 - b) Anger
 - c) Depression
 - d) Denial and isolation
29. What is the fourth stage of the Kubler-Ross model of loss?
- a) Anger and acceptance
 - b) Isolation
 - c) Bargaining
 - d) Depression
30. How might an adolescent express grief?
- a) The same way as adults or through delinquent behavior and somatic ailments
 - b) They refuse to acknowledge death
 - c) They become afraid of the dark and withdraw
 - d) None of the above

SHORT ANSWER QUESTIONS

1. How is grief defined?
2. Examine the symptoms in various categories and list those you have experienced following a loss
3. Describe what you have learned about grief, loss and bereavement course that will help you in your practice
4. Compare and contrast Bowlby, Worden and Rando's stages of grief.

SECTION B: ANSWER ANY TWO (2) QUESTIONS FROM THIS SECTION

QUESTION ONE

"Swaziland is a death-denying society" Refute or support this statement with concrete examples.

QUESTION TWO

Discuss how families cope with the death of a loved one. Support your answer with examples.

QUESTION THREE

Using any of the following movies shown in class, discuss the concept of grief, loss and bereavement as seen in the movie.

- Sarafina,
- Good Deeds or
- Madea's Big Happy Family

QUESTION FOUR

5. In future you will work for an institution how would you offer bereavement support for staff?

- i. Planning forward- who would you need to contact to get this service offered to you and other staff members at your institution?
- ii. How would you envision this bereavement support?

6. What do you do to take care of yourself?

- a. How do you spend your time away from your work?
- b. Do you have hobbies, friends, or family?
- c. When did you last take a vacation?
- d. Do you have a mentor? If not, consider choosing someone who is a little further "down the road" who can offer you insight into what you encounter daily.

QUESTION FIVE

Case Study #2

John and Rose: A Loss of a True Love

Rose resided in a long-term care nursing facility for almost two years. She and her husband John had been married for 52 years and had a very close relationship. They had no children. John would visit Rose twice a day, at lunch and again at dinnertime to assist her with her meals and share private time together. He could no longer drive and took a cab to the nursing facility. He knew many of the residents and would frequently be seen telling them a joke or pushing them in their wheelchairs. Rose was confused at times and always seemed very peaceful and relaxed when John came to visit.

Over the course of a few months, Rose's condition began to deteriorate. She declined food and fluids and died peacefully with John present. John had a memorial service for Rose, but few friends came. John had stopped visiting his friends when Rose was admitted to the nursing facility and he became so busy with his twice-daily visits. John cried continuously for three days after the memorial service. When he talked about Rose, he spoke of her as if she were still alive. On most days, he could not decide what to eat or what he was supposed to be doing.

Two months after the death of Rose, John was only crying sporadically. His appetite was not good and he had lost some weight. He spent a good deal of his time at home looking at pictures of himself and Rose when they were younger. Once a week, he would visit the nursing facility where Rose died and converse with the other residents and nursing facility staff. Five days a week he would go to the cemetery to visit Rose's grave. The neighbors were concerned about John. When they offered to take him out to eat, he became angry, tearful and declined their invitation.

Six months after the memorial service, John began going to the store and church, but he had very little interest in these activities. He had always enjoyed walking around the nursing facility grounds, but he no longer enjoyed walking. He would visit the cemetery once a week. He would forget where he put things in the house. He allowed neighbors to visit and spent most of the time reminiscing about his life with Rose, her illness and her death. He had difficulty sleeping and would spend many nights wandering around the house.

Ten months after Rose died, John began feeling more energetic. He would still cry when something profound reminded him of Rose, but he did not cry very often. He began eating regular meals and going out to dinner with the neighbors twice a week. He also started playing shuffleboard with his homeowners club and contacted a few friends he hadn't seen in years. One year after Rose died, John visited the nursing facility to plant a tree in Rose's name in the nursing facility courtyard. He also visited her grave that day. That afternoon, he played shuffleboard and went to dinner with a friend he hadn't seen in two years.

Discussion Questions:

1. Choose a theory on grief that can assist you in handling this case. Explicitly state the stages of grief in that theory.
2. Describe John's grief reactions.

3. Describe John's grief process in relation to his progression through the stages and tasks of grief.
4. Was John experiencing normal or complicated grief? Why? Provide concrete examples to support your views.
5. What interventions might have facilitated John's grief?

QUESTION SIX

Case Study #3

Heather: A Sudden Death

Heather was 24-years old. She was just beginning her second year as a 7th grade math teacher and was to be married to her high school sweetheart in two months. Heather was driving to school when she was hit by a truck that ran a red light. She sustained multiple fractures, head injury, and extensive internal injuries. Her parents and older brother were informed on arrival at the E.R. that her chances for survival were extremely low. She was taken to the operating room but after 3 hours of surgery with uncontrollable bleeding and several resuscitation attempts, she died in the O.R. A clinical nurse specialist, who is on the rapid response team at the hospital, was called to be with the family when they arrived at the hospital. She stayed with them after they received the news of Heather's death.

Discussion Questions:

1. How is grief from this sudden death likely to differ from death resulting from chronic illness?
2. What communication strategies would be helpful for the clinical social worker to use with Heather's parents on their arrival to the Emergency Room (ER)? While she is in surgery? At the time of her death?
3. What kind of grief would the fiancée likely experience? What types of interventions would be helpful? How might his grief differ from Heather's parents and siblings?
4. How best the grief of Heather's students would be assessed and managed?